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Moving Closer to the 2020 BSN-Prepared Workforce Goal

ABSTRACT

One of the recommendations of the landmark *Future of Nursing: Leading Change, Advancing Health* report was to increase the proportion of nurses with a bachelor of science in nursing or higher degree to 80% by 2020. In 2012, the American Organization of Nurse Executives was selected by the Robert Wood Johnson Foundation as the National Program Office for a new initiative—the Academic Progression in Nursing (APIN) program—with the goal of identifying and developing the most promising strategies for creating a more highly educated nursing workforce. This article discusses the findings of APIN's four-year project.

Keywords: bachelor of science in nursing, nursing students, nursing workforce

In 2010, the Institute of Medicine (IOM) released its groundbreaking report *The Future of Nursing: Leading Change, Advancing Health*. One of the report's recommendations was to increase the proportion of the nursing workforce with a bachelor of science in nursing (BSN) or higher degree to 80% by 2020.[1] When the report was released, approximately 50% of nurses in the United States had a BSN or higher.[2]

Better use of the nursing workforce is one goal of the Campaign for Action, a joint initiative of the Robert Wood Johnson Foundation (RWJF) and AARP, created to transform health care nationally.[3] Through work conducted by the Center to Champion Nursing in America, possible models for addressing the need for more nurses to obtain a BSN were identified,[4] and the RWJF built on that structure in developing and evaluating opportunities to accelerate change within the nursing education system.

In 2012, the American Organization of Nurse Executives (AONE)—one of the four members of the Tri-Council for Nursing—was selected by the RWJF as the National Program Office (NPO) for a new initiative, the Academic Progression in Nursing (APIN) program, which was created to study the topic of higher degrees and employment for nurses and develop solutions. (Along with AONE, the Tri-Council member organizations are the American Association of Colleges of Nursing, the American Nurses Association, and the National League for Nursing.)

Now, APIN has concluded a four-year project designed to identify and develop the most promising strategies for creating a more highly educated nursing workforce.

APIN GRANTEES

The National Advisory Committee for the APIN NPO selected nine states—California, Hawaii, Massachusetts, Montana, New Mexico, New York, North Carolina, Texas, and Washington—to design and test potential models of academic progression. All nine states were already engaged in some aspect of academic progression, and each received a two-year, $300,000 grant with the possibility of a second. The RWJF and the NPO considered this a laboratory in which results could be obtained, evaluated, and shared within that four-year time frame; all grants concluded by the end of 2016.

APIN funded efforts on two fronts: initiatives that remove obstacles that keep nursing students from getting their BSN—such as support for partnerships between universities and community colleges to allow seamless progression from the associate's degree (AD) to the baccalaureate—and employment-focused partnerships between schools and health care facilities that provide students with practice experience, promote greater use of the BSN, and create employment opportunities.

APIN OUTCOME HIGHLIGHTS

All of the states involved in the program developed strategies for removing obstacles that keep nursing students from getting their BSN. Massachusetts, Montana, Texas, and Washington, for instance, developed

transfer agreements outlining the courses and credits that will transfer between community colleges and universities, which facilitates a smooth progression from AD to baccalaureate.

The program in Massachusetts is known as the Nursing Education Transfer Compact (NETC). It simplifies the transfer of credits earned in an AD program to an RN–BSN program. Prerequisites, general education, and core curriculum courses are accepted by participating programs statewide. Students applying to any public school and many private schools are under the umbrella of the NETC after obtaining their AD and passing the National Council Licensure Examination (NCLEX), assuming they have completed the general education requirements defined in the state's credit-transfer policy, known as MassTransfer. Students who have completed the AD with a grade point average of 2.75 or higher receive additional benefits through the NETC: the fee for admission to an RN–BSN program is waived, no admission essay is required, and preferential admission is offered.

Washington created a state-approved program, the Direct Transfer Agreement/Major Ready Program (DTA/MRP), an optional standardized curriculum for AD programs that makes the transfer of credits easy. Students at participating community colleges complete coursework and receive a DTA/MRP AD. Having met all criteria for entry into a baccalaureate nursing program, as well as all general education requirements, they are eligible for licensure and can apply to any in-state institution that grants RN–BSN degrees. Students must select institutions for both their AD and BSN that participate in the DTA/MRP curricular pathway. Once admitted, students can complete their BSN in one year. The DTA degree program has been initiated in 43% of Washington State's community college RN programs and in all in-state public and private RN–BSN programs. In 2015–2016, approximately 600 AD nursing students were enrolled in these programs, with about 300 expected to graduate in June 2017. To date, 11 students have attained their BSN through the DTA.

California, Hawaii, New Mexico, New York, and North Carolina replicated successful arrangements between community colleges and universities for use in other areas of the state.

For example, California State University, Los Angeles, initially developed partnerships with seven community colleges, providing a pathway for AD students to complete the baccalaureate within four years through coenrollment. Students apply and are selected by their AD faculty prior to the second semester of coursework at the community college. Students complete the first three years at the community college, taking baccalaureate-level classes offered during the summer sessions. The AD is awarded at the end of year 3 and students must pass the NCLEX to continue.

Similar programs were subsequently developed across other areas of California. All programs feature five core elements: dual admission, integrated curriculum, shared faculty, the availability of a BSN one year after attainment of the AD, and a plan for program sustainability. The program currently involves 19 university campuses and more than 50 community colleges. Known as the California Collaborative Model for Nursing Education, the program is on track to add nearly 1,200 new BSNs a year to the California workforce. Eighteen percent of AD students in California are dually enrolled. In addition, employment partnerships between schools of nursing and health facilities were an important part of the process for the development of academic-progression strategies.

A commitment to the work and to one another represents transformative change in the nursing-education community.

The Queen's Medical Center on the island of Oahu in Hawaii worked with the University of Hawaii at Manoa to develop an on-site executive RN–BSN program for its nurse managers. The on-site program allowed managers to achieve their BSN and subsequently become mentors for staff nurses, helping them go back to school to obtain their BSN.

North Carolina's Regionally Increasing Baccalaureate Nurses program and New York's Dual Degree Partnership in Nursing (DDPN) program both emphasize the need for strong academic practice partnerships to ensure that students complete their BSN courses after passing their NCLEX.

In New York, a striking example of the positive impact a strong partnership between academic institutions and employers can have on student success was seen at St. Joseph's College of Nursing in Syracuse. When AD students shared with their dean that the part-time work requirements for health benefits at St. Joseph's Hospital Health Center hindered their ability to complete their courses, the dean contacted the chief nursing officer (CNO) at the facility to share the students' concerns. The CNO formed a focus

group and asked the students what a realistic part-time work schedule that allowed them to complete their studies might be. Through the focus group, it was determined that 16 hours per week would give these new RNs the time they needed to meet the academic requirements of the DDPN program.

The CNO worked to change hospital policy to allow any employee enrolled in the final year of the DDPN program to receive part-time benefits while working a minimum of 16 hours per week. This proved to be a win–win for the students and the employer.

The NPO and the APIN learning collaborative (among the grant states and other academic-progression leaders) determined that the community college–university partnership model showed great potential. New Mexico provided visionary leadership through its New Mexico Nursing Education Consortium model, pilot testing a statewide curriculum to increase the number of BSN-educated nurses in New Mexico and mentoring many other programs as they implemented the model. All participants recognized that close collaboration and support from practice partners are critical to success, and many worked to develop mechanisms to foster these relationships.

Updated information on the increase in the percentage of nurses with a baccalaureate or higher degree is available from the Campaign for Action, at https://campaignforaction.org/issue/transforming-nursing-education. Here are highlights of the positive changes that have taken place as a result of these efforts:

- The percentage of the RN workforce with at least a BSN increased from 49% in 2010 to 53.2% in 2015.
- The percentage of first-time NCLEX takers with a BSN or higher increased from 39.3% in 2010 to 47.2% in 2015.
- The proportion of RN–BSN graduates, in relation to all BSN graduates, increased from 30.6% in 2010 to 47.4% in 2016.

More information on APIN and the outcomes of the grant can be found at www.academicprogression.org.

COMMUNITY DEVELOPMENT

The creation of a national community of nursing educators dedicated to smoothing the path from community colleges to universities is having a profound impact. The collegial spirit of this community has created a climate that invites frank discussion of model strengths, weaknesses, and challenges. Promising practices from all areas have been shared and consolidated. Working toward a common goal has resulted in a fellowship and camaraderie that generate a commitment not only to the work but to one another. This represents transformative change in the nursing-education community. The addition of local employers into the development, implementation, and evaluation of these models has added to the strength of the partnerships, while providing incentives for the incumbent workforce to achieve their BSNs.

NEXT STEPS

With the closing of the NPO on June 30, 2017, the work toward national academic progression continues through a new initiative called the National Education Progression in Nursing Collaborative (NEPIN). The collaborative evolved from a series of meetings with Tri-Council members and other interested parties, including the Organization for Associate Degree Nursing (OADN), HealthImpact, the Washington Center for Nursing, Western Governors University College of Health Professions, the University of Phoenix, the University of Kansas School of Nursing, the Center to Champion Nursing in America, and the Philip R. Lee Institute for Health Policy Studies. The OADN Foundation will serve as the fiduciary and convener for the collaborative in partnership with the National Forum of State Nursing Workforce Centers.

For additional information on NEPIN, contact Tina Lear, NEPIN national program director, at tina.lear@nepincollaborative.org. ▼

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